National Society Daughters of the American Revolution

Ginnie Sebastian Storage, President General

JUNIOR MEMBERSHIP COMMITTEE
Donna Michelle Santistevan, National Junior Membership Committee Chair
Marchella McGinnis & Heather Simpson, National Co-Vice Chairs, HPMF Classroom Grants
Email: jrclassroomgrants@nsdar.org

Deadline to the State Chair: November 1, 2026 **Deadline for State submission to Classroom Grant Portal: December 1, 2026**

Chapter Point of Contact for Applications: Kristen Rowe FortCasparChapter@WyDAR.org

State Chair Point of Contact for Applications: Kristen Rowe ktrumbull93@gmail.com

Fall 2026 Helen Pouch Memorial Fund Classroom Grant Application

Name: _____ **State:** _____

Email: _____

Personal Phone Number: _____

School/District: _____

School Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Principal: _____ **Phone:** _____

Winter Break contact phone number for school _____

Prior to this year, list total years of teaching experience: _____

Current teaching field: _____ **Grade level:** _____

All Signatures on this page must be ink for the application to be considered a finished application. If selected as a grant winner, please identify the school address the check should be mailed to if different than the address provided above:

_____

Teacher Check List: (Completed by Teacher)

- ☐ **All application questions completed and an honest representation of the spending of the funds.**
- ☐ **Application is limited to the three original pages of the application.**
- ☐ **Signature on the actual application by teacher and school principal or district superintendent.**
- ☐ **Application returned to the sponsoring chapter no later than October 15, 2026** .

The signatures confirm that the grant funds will be spent as stated in the application.

Applicant's Signature _____

School Principal or District Superintendent Signature _____

By signing the school official is verifying employment for the 2026-27 school year of the employee in the school district and that funds will be used as described in this application. Should the applicant change employment status please send an email to jrclassroomgrants@nsdar.org

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Classroom Grant Application Due October 15, 2026

Please limit answers to the following questions to the space provided. No additional paperwork should be attached or included.

List any previous grant or scholarship funding received and dates:

Briefly describe your project in two to three sentences.

Describe the areas of student achievement you wish to address and give any data that supports the need.

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State measurable objectives to be achieved by the grant in terms of student behavior or performance. Please be specific.

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Describe what you want to do with the grant funds and how the program/project supports the purpose.

List the activities and timeline. How is it innovative? Please be specific.

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All signatures on this page must be included/complete to be considered an approved application to move on in the review process.

Chapter Check List: (Completed by Sponsoring Chapter)

- ☐ **Applications have been reviewed and judged by a committee of three chapter members and are in support as to how these funds will be spent.**
- ☐ **Only ONE application is selected to be endorsed to be submitted to the state chair.**
- ☐ **Application met established deadlines by the chapter.**

Sponsoring DAR Chapter: Fort Caspar Chapter
Regent: Kristen Rowe
Chapter Address: PO Box 533 Casper, WY 82601
Email: FortCasparChapter@WyDAR.org **Chapter Phone Number:**

Chapter Reviewer 1 (Regent or Officer) Signature:

Chapter Reviewer 2 Signature:

Chapter Reviewer 3 Signature:

This section is for chapter review only. The chapter point of contact should assign each application a number and remove the cover page before submitting the application for blind review.